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ABSTRACT

The relationship between therapist empathy skill level and therapist non-defensive awareness of countertransference phenomena with three client types, i.e., seductive, hostile and neutral affect, was investigated. Therapists in training (n=22) were administered the Yulis and Kiesler immediacy measure as a measure of non-countertransference behavior. To assess empathy skill level, the client form of the Barrett-Lennard Relationship Inventory was administered to 22 volunteer clients after they experienced a single counseling session with the therapist. A significant positive correlation was observed between the therapist empathy level amd immediacy score, but only for the therapist immediacy score with the seductive client. A questionnaire completed by the therapists further explored the relationship between empathy and countertransference: a positive correlation was found between therapist openness to non-defensive awareness of their countertransference feelings and the therapist's empathic skill level. Compared to less empathic therapists, highly empathic therapists were more consciously open to the experience of countertransference feelings while less prone to display countertransference behavior. (Author)

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Title: The Complex Relationship Between Therapist Countertransference and Empathy Level

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While there has been much research on the importance of the therapist's empathic ability in the therapeutic relationship, there has been less attention in the research literature to the therapist's irrational conflicts, feelings, and behavior within the relationship. What research has been done suggests the negative consequences of these phenomena, which may be called countertransference, on the therapeutic abilities of the counselor. Yet present analytic theory suggests that the appearance of countertransference phenomena does not have automatic non-therapeutic consequences in the relationship.

The purpose of this study was to investigate the complex relationship between countertransference phenomena and empathic ability of the therapist. One problem with studying the relationship revolves around definitions. Both concepts have been difficult to define theoretically and operationally with any general agreement. At present, countertransference is defined by analytic theorists in rather broad terms to encompass a classical definition and a broader totalistic definition. The present study used the totalistic definition which includes any set of conscious or unconscious attitudes, feelings, and behaviors evoked in a therapist during counseling which come from his or her own personal conflicts, as well as irrational responses to the inappropriate interpersonal behavior of the client. Some analytic theory suggests that countertransference phenomena must be analyzed and resolved so that it will not hinder counseling progress while other theory considers the understanding of countertransference phenomena to be a potential therapeutic tool for deeper understanding of the client's chronic behavior and personality patterns.

Empathy, as a concept, has played a prominant role in both analytic and humanistic definitions of effective counseling. Analytic definitions include the view that empathy is an unconscious non-cognitive ability which allows for communion with and understanding of the client by the therapist. It is a temporary oneness allowing both thinking with and thinking about the client concurrently. Humanistic theory places even more emphasis on empathy as an important concept in establishing a working therapeutic client-counselor relationship. Present conceptualization includes not only the reflective understanding and statements characteristic of client-centered treatment, but also a more directive communication of client distortions and denied emotion. The therapist's empathic understanding has a quality of therapist experiencing "as if" the therapist were the client yet remaining attuned to self-perception of the experience. Thus incongruent verbal and non-verbal expressions of the client may be better perceived by the counselor. This refinement of the empathy concept requires the counselor's sensitivity to differences between client distortions and his or her own distortions due to phenomena including among other things, countertransference.

The present study attempted to distinguish between countertransference feelings or experiences and countertransference behavior. While considering countertransference <u>behavior</u> as non-therapeutic defense mechanisms of the therapist, a positive correlational relationship was hypothesized between the two concepts, empathic ability and non-defensive awareness of countertransference feelings by the therapist.

Method

This study used a research design in which two separate measures of countertransference phenomena were obtained. One was focused on amount of countertransference behavior and one on non-defensive awareness of countertransference feelings. A measure of therapist empathy level also was obtained. Each of 20 male therapists-in-training conducted a single counseling session with a female volunteer client. The clients were recruited from an undergraduate psychology course and asked to talk about a real (to them) personal problem. Immediately following the counseling session, they were administered the client form of the Barrett-Lennard Relationship Inventory. This established a measure of client perceived empathic skill level of the therapist. The therapists were then asked to listen and respond to a series of three audiotaped roleplayed clients. The therapists were asked to view the audiotaped sessions as representative of a session after the therapeutic relationship had been firmly established. These series of sessions had been used by Yulis and Kiesler in their 1968 study. The roles depicted fifteen minute interactions with a hostile, a seductive, and an affectively neutral female client. Each client made verbal references to significant others in their life and to the therapist. Periodically during the audiotaped sessions, the therapist was asked to choose the one of two responses that he would most likely use at that juncture. No other option was possible. The differences between the two choices of statements lay in the focus on immediacy aspects of the client's statements. The therapist was

asked to choose between exploring further the client's feelings about significant others in her life or interpreting her feelings and statements about the therapist and their relationship, i.e. immediacy statements. For the purpose of this study, the operational definition of countertransference behavior was defined as a pattern of counselor behavior which is rigid and which impairs the counselor's therapeutic performance. Avoiding personal involvement with the client or not "being immediate" falls within this definition. Consequently, a higher immediacy score was interpreted as less countertransference interference and an increased willingness to focus on the immediate relational interaction. A lower score was defined as a general countertransference process of denial of personal involvement.

Upon completion of the audiotaped clients' presentation, the therapists were asked to fill out a short questionnaire of their perceptions about their own countertransference feelings towards clients in general. Using items with Likert-type response choices, the questionnaire focused on statements around: the particular issues that would evoke countertransference feelings; the extent to which they affected the therapist; and the therapist's ways of coping with the countertransference experiences. The rationale for using a self report questionnaire was that perhaps there was a correlation between a therapist's empathic ability and their willingness to be aware of and acknowledge general countertransference experience in their counseling. However, since there were no normative data on this instrument, the results would be considered pilot in nature.

Results

While it is true there are difficulties with this study's procedure, particularly in the area of methodological problems with the measurement instruments, several interesting results were observed. The following are the three primary findings of the study.

1. A significant negative correlation of .50 was observed between therapist's empathy skill level score and the therapist's countertransference behavior score with the seductive client. This indicated that therapists' countertransference behavior decreased as their empathic skill level increased.

2. A significant positive correlation of .42 was perceived between therapist openness to non-defensive awareness of countertransference feelings and therapist empathic skill level. This result pointed out that highly empathic therapists did in fact continue to experience countertransference feelings.

3. Significant positive correlations of approximately .45 were observed between the amount of therapist countertransference behavior and the amount of session time that the therapist perceived was spent in experiencing countertransference feelings. This result indicated that as the therapist spent increasing amounts of therapeutic session time experiencing countertransference feelings, the therapist increasingly was apt to display countertransference behavior.

In order to establish the first result, the correlation between high empathic ability and low countertransference behavior, Pearson correlations were computed between empathy subscores of the BLRI and the therapist's countertransference behavior scores with each of the

three audiotaped clients. As already stated, a significant correlation was observed when comparing the scores, but only with the seductive client. A correlation of .25, which approached significance, was indicated between therapist's empathy score and the countertransference behavior score with the hostile client. The obtained correlations partially supported the hypothesized relationship.

The purpose of the pilot questionnaire was to further explore the results of the correlational study of empathy with the countertransference behavior scores. Significant and strong correlations, ranging from .54 to .80, were found among three of the questionnaire's items. The items were: "countertransference feelings are considered to be of value and useful" by the therapist; "countertransference feelings are experienced (by the therapist) with a large number of clients"; and "countertransference feelings are experienced (by the therapist) more often during the counseling session than outside of the session". Because of the significant intercorrelations and because of the small number of subjects, the data from the three items were collapsed into one predictor. This composite score can best be described as the therapist's openness to experience of countertransference feelings. A significant correlation between this composite item, openness to countertransference feelings and the empathy level was observed. Nonsignificant correlations between the therapist's openness to countertransference feelings and the therapist's countertransference behavior scores with both the hostile client (.21) and the seductive client (.28) also were observed. The results indicated that

the relationship between level of empathy and non-defensive awareness of countertransference feelings was partially confirmed.

Another questionnaire item was observed to be correlated with the therapists countertransference behavior scores and to empathy level scores. As previously stated, the amount of session time in which countertransference was experienced by the therapist was significantly correlated to the therapist's countertransference behavior scores with both the hostile client and the seductive client. There was also a negative correlation of .36, which approached significance between the item and empathy level of the therapist. These results suggest that there is a time limit involved in the therapeutic use of the experience of countertransference feelings.

Discussion

Overall, the results of the present study appeared to indicate that the hypothesized complex relationship between level of empathy, non-defensive awareness of countertransference feelings, and amount of countertransference behavior was partially confirmed. Therapist's countertransference behavior which was operationalized by the use of an immediacy scale devised by Yulis and Kiesler, correlated with therapist's level of empathy as measured by the BLRI. However, a significant relation between empathy and countertransference behavior was obtained only for therapist's score with a seductive client and not for the measure with a hostile client.

There is an inherent assumption in the use of immediacy scores as a measure of countertransference behavior phenomena which needs to be addressed. The assumption of the immediacy measure is that highly

immediate therapists actually experienced countertransference but effectively filtered this experience due to non-defensive awareness of their feelings. Consequently, the highly immediate therapist displayed less rigid avoidance behavior, i.e. countertransference behavior. However, it could be argued that, unlike low immediacy therapists, high immediacy therapists simply did not experience countertransference feelings and thus had no need to respond defensively to a client.

The countertransference questionnaire results were helpful in answering this issue. Not only did all therapists surveyed agree that countertransference feelings occurred to some extent in their therapeutic relationships, but 70% of the therapists said over 25% of their clients evoked countertransference feelings. Even more interesting, is the fact that the therapists with high empathy ratings also were significantly more consciously open to the experience of countertransference feelings. That is, highly empathic therapists tended to be the ones who more often indicated that countertransference feelings were useful and valuable, were experienced with a larger number of clients, and more often were experienced during the therapeutic session than outside of sessions. However, there was a time limit to how therapeutically useful countertransference feelings were within the session. These results appear consistent. The more empathic therapist was consciously aware of countertransference feelings as they occurred within the session and also said they occurred with more clients. However, those therapists spent relatively less session time focusing on these feelings.

Although less empathic therapists were relatively less aware of countertransference feelings within a session, they perceived that the experience of countertransference feelings took up more session time when it did occur.

I would like to conclude by saying that this study's results suggest that the relationship between therapists empathic therapeutic ability and countertransference phenomena must be conceptualized as very complex. Further research must take into account the fact that therapist countertransference <u>feelings</u> may not be non-therapeutic and must, therefore, be studied separately from countertransference <u>behavior</u>.